April 16, 2015

Animal and Plant Health Inspection Service

Policy and Program Development

Environmental and Risk Analysis Services, Unit 149

4700 River Road Riverdale, MD 20737

Document Processing Desk [6(a)(2)] Office of Pesticide Programs (7504P) **Ariel Rios Building** U.S. Environmental Protection Agency 1200 Pennsylvania Avenue, N.W.

Washington, DC 20460-0001

ATTN:

Mr. Norman Spurling (7502P)

SUBJECT:

FIFRA, Section 6(a)(2) quarterly report: aggregate adverse effect

incidents dated January and February 2015 for the

reporting period ending April 30, 2015

During this reporting period, the following APHIS-registered pesticide product was involved in adverse incidents:

EPA Reg. No. 56228-15

M-44 Cyanide Capsules

Active Ingredient:

CAS No. 143-33-9

Sodium Cyanide

No. of Incidents 5

Incident Category D-A

Details of the incidents (involving the deaths of five domestic dogs) can be found in the enclosures.

Please direct any questions pertaining to this adverse incident report to Jeffery W. Jones at (301)851-4001 or e-mail Jeffery. W. Jones @aphis. usda.gov.

Sincerely,

David S. Reinhold

Chief, Environmental and Risk Analysis Services

Enclosures (5)

cc:

- J. Jones, USDA, APHIS, WS, OS, Riverdale, MD (sent electronically)
- J. Edwards, USDA, WS, NWRC Archives, Fort Collins, CO
- P. Darrow, USDA, APHIS, WS, Pocatello Supply Depot, Pocatello, ID (sent electronically)

DS File Section 3/FIFRA 6(a)(2) Reports (Aggregate and Single)/FY2015

 $APHIS:PPD:DS:KWalker:kw:851-3900:04-16-15:i:\ppd\es\DataSupport\ws\pesticides\6(a)(2)\fy2015\04-16-15aggadrpt.docx$

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE WILDLIFE SERVICES

JAN 27 175

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INCIDENT CODE		INCIDENT STATUS		DATE WS BECAME AWARE	WS - 318
\mathcal{T} 1	Date		Date of last submission	OF THE INCIDENT	ES USE ONLY
DA	New	Update		1-15.15	REPORT NUMBER
EMPLOYEE NAME (To contact	for additional information)	TELEPHONE NUMBER	CONTACT MARIE (%)	Non ARUIC \	
V (ones	575-708-09/5	CONTACT NAME (IF	NON-APHIS)	TELEPHONE NUMBER
DUTY STATION ADDRESS	07/40	010-100-1119			
	/ - A / -		ADDRESS		
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	INCIDENT LOCATION		SOURCE OF INFORM	IATION	
CITY	STATE	COUNTY	Self	_	
PLUMCATI	nM	QUAT	Media [Telephone Call Lette Oral Report Othe	
EXPOSURE TYPE (Examples in					
M-44	cyanite	capsule fire			
INCIDENT SITE [examples in agricultural (specify crop), ran (specify) recreational area (specify)	oclude commercial or rea	idential site. 5		IG TO PRODUCT ADVERSE II	NCIDENT: Invariation
(specify), recreational area (spec	cify), right-of-way (rail, utility,	rea, rallow field, public lands highway)]	application, mixing/load equipment, during man		pair/maintenance of application
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Ange land	12.	• ~ ~		Capsule fire.	a When
Ange mile	1 10500	,, <u> </u>	activate	d by domes to	ic dog.
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Concentrated Diluted	#5		Te		FIED (If applicable)
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Yes No	All M-	14 EPA US	e Restriction	ons were follo	ام م ا
UMMARY OF THE INCIDENT (A					owed,
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AME OF SUPERVISOR	SIGN	AFURE		AIP ALLIES -	-6 6-66-
T. C.L		1/2	2	-	ATE (
S FORM 460 P			505-	346-2640	1-27-15
S FORM 160-R (June 99)	Coc	al Reproduction Authorized)		
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DOMESTIC ANIMAL, FAUNA, OR FLORA INCIDENT - S	UPPLEMENTAL REPORT FORM	ES USE ONLY REPORT NUMBER
"X" ONE	- TEMENTAL REPORT FORM	
Amphibian Fish Bird Mammal Invertebrate Reptile	"X" ONE Plant Domestic Wild	NUMBER OR ACRES AFFECTED
SPECIES COMMON NAME	BREED (If known)	
DESCRIBE SIGNS, SYMPTOMS, ADVERSE EFFECTS	LAG	
Dog activated M-44 sodium c	yanide ejector and	I died at site.
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70	<i>;</i>	
LABORATORY TESTS WERE PERFORMED, LIST NAME OF TEST(S) AND RESUL	TS (if available, attach copies):	
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$\mathcal{N}^{\mathcal{O}}$		
AGNITUDE OF THE EFFECT (e.g., miles of streams, square area of terrestrial habitat)		
One domestie das Killed.		
STICIDE APPLICATION RATE AND METHOD OF APPLICATION (Include brief descrip	*	
AS PREBAITING USED ON THE SITE (Describe) Yes V		
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SCRIPTION OF THE HABITAT AND CIRCUMSTANCES UNDER WHICH THE INCIDENCE SEF ON	angenand Pagura	1 monding no
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owner Was NotiZed	" / VE AT //EIG	moor, me
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and Killed I Regestered	2 1AMb. All	units were
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NE OF PREPARER SIGNATURE		DATE
Kon Jones TE OF SUPERVISOR	Jones	1-27-15
SIGNATURE	76/1/	DATE
FORM 160B-R (June 99) (Local Reproduction Authorized)	19	1-27-15
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U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE WILDLIFE SERVICES

	6(a)(2)	ADVERSE	EFFECTS IN	VCIDENT INF	ORMA	TION REPORT		- 0
INCIDENT CODE			ENT STATUS		1	DATE WS BECAME	AWARE	DST USE ONLY
D-A	New 1-20	-15	Update	Date of last subn	nission i	1-20-15		REPORT NUMBER
EMPLOYEE NAME (To conte	d for additional informs	ation) TELES	HONE NUMBER	CONTACT N	AME (If N	on-APHIS or different	from	TELEPHONE NUMBER
William Hodges	e t	-	540- 1-2977	reporter)				· ·
OUTY STATION ADDRESS				ADDRESS		*		-
105B PONDE	ROSA DR.					17		
· ChrisTiANSbu	Rg VA 2407	73						
	INCIDENT LOCAT	ION		SOURCE OF	INFORM	ATION		
mY	STATE	COUN.	יז	Self	i	Telephone Call	Letter	
DRY FORK	VA	Pin	Sylvania	Med	Sia [Orni Report	Other	
POSURE TYPE (Examples	include spill, splash, di							
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PASTURE				1140	STOCK	protection		
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A REGISTRATION NUMBER	R PRODUCT	NAME			ACTIVE	INGREDIENT		
					ا .	. V		
56228-15	171-42	CYANID	E LAPSU	25	<u>S</u>	bodium Cann	ide	
S THE PRODUCT NA	WHAT WAS	THE DILUTION	N RATIO (II applica	eble)		HE LABEL IONS FOLLOWED		HE APPLICATOR TED (If applicable)
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F LABORATORY TESTS WE	RE PERFORMED,	LIST NAME OF TEST	S) AND RESULTS (il	svailable, stlach cop	oies):			
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ESTICIDE APPLICATION RA	1: 26	use res			lo)			
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U.S. DEPARTMENT OF AGRICULTURE

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	6(a)(2) A	DVERSE EFFECTS INC	IDENT INF	ORMATION REPORT			
INCIDENT CODE		INCIDENT STATUS		DATE WS BECAME		ES USE ONLY	
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Leona	TV	1 000			Letter		
		LE OII	Med	Oral Report	Other		
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Ugry Mick	ICA Ashabramen	- Wight	h	979/845 6	201	1/23/1000	
NAME OF SUPERVISOR		SIGNATURE		TELEPHONE NUMBER	F	DATE	.6.0
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		*	ES USE ONLY REPORT NUMBER
DOMESTIC ANIMAL, FAUNA, OR FLORA INC	IDENT - SUPPLEME	ENTAL REPORT FOR	M .
"X" ONE	and also be a first to the firs	^X" ONE	NUMBER OR ACRES AFFECTED
Amphibian Fish Bird Mammal Invertebrate	Reptile Plant	Domestic Wi	Immediate locatio
SPECIES COMMON NAME COMPSTIC dog	49 °C 4 driggsför oppromisie av 2° familie reknenge et over eneme en delte stande te taler state den falle spilyt	BREED (If known)	
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acus any			
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IF LABORATORY TESTS WERE PERFORMED, LIST NAME OF TEST(S) AND RESULTS (if available	e, attach copies):	19 Mari Printer transmission statements statements statements statements are present to the statement of the
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Immediate location of de	vice (Isqu	are foot, I dead	(dog)
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10 devices on 800 ac	re propert	4	
WAS PREBAITING USED ON THE SITE (Describe) Yes X No		10	
DESCRIPTION OF THE HABITAT AND CIRCUMSTANCES UNDER WHI	CH THE INCIDENT OCCUR	RED	
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poor our zarament (cay)	1001010		
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			81
ADDITIONAL FACTORS	And Adah III	\$	C C C C
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NAME OF PREPARER Los Constants	SIGNATURE	M	DATE
MAME OF PREPARER For Greg Ashabrana.	/ MALS	R	0/12/1
NAME OF SUPERVISOR	BIGHATURE	44	DATE DATE
FracuM. Fulan	1100.5		1-3-600
WS FORM 1698-R (June 99) (Local Reproduction	Authorize(i)	y sk	2/23/15
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U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE WILDLIFE SERVICES

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	6(a)(2) A	DVERSE EFFECTS INC	CIDENT INFORM	IATION REPORT	009
INCIDENT CODE		INCIDENT STATUS		DATE WS BECAME AW	ARE ES USE ONLY
D-A	New 2/10	//5 Update	Date of last submission	OF THE INCIDENT	REPORT NUMBER
EMPLOYEE NAME (To contact			CONTACT NAME (If Non ADUIS	TELEPHONE NUMBER
Chad For		540-381-7387		Farris	SELEPTIONE NUMBER
DUTY STATION ADDRESS	erosa Dr.		ADDRESS		Til .
Christians	burg, VA				
rm m	INCIDENT LOCATIO	N	SOURCE OF INFO	RMATION	
CITY	STATE	COUNTY	Self	Telephone Call	Letter
Narrows	VA	0.,05	Media	Oral Report	Other
EXPOSURE TYPE (Examples	include spill, splash, drift,	runoff or other.)	,	1	,
		by quardi		owned by	cooperator
INCIDENT SITE [examples agricultural (specify crop), ra (specify), recreational area (specify)	ingeland/pasture, noncre	residential sites, forest/woods op area, fallow field, public land ility, highway)]	s application, mixing/i	TING TO PRODUCT ADVE pading, reentry, during trans nanufacturing/formulation]	RSE INCIDENT: (examples include port, repair/maintenance of application
PAS	ture		livesto	ck protec	tion
,				·	
EPA REGISTRATION NUMBER	R PRODUCT N	AME	ACT	IVE INGREDIENT	
56228-15			,		uan ide
	MYY	Cyanile Caps THE DILUTION RATIO (if applicab	ules	SORIUM C	WAS THE APPLICATOR
56228-15	M44 WHAT WAS	eyanihe caps	inles Wer	sodium e	
56228-15 WAS THE PRODUCT	M44 WHAT WAS	CHANIAL CAPS THE DILUTION RATIO (If applicable N/A)	inles Wer	SORIUM C	WAS THE APPLICATOR CERTIFIED (if applicable)
56228-/5 WAS THE PRODUCT Concentrated Dilute	M44 WHAT WAS	CHANIAL CAPS THE DILUTION RATIO (If applicable N/A)	inles Wer	SORIUM C	WAS THE APPLICATOR CERTIFIED (if applicable)
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(Local Reproduction Authorized)

WS FORM 160-R (June 99)

			ES USE ONLY
DOMESTIC ANIMAL, FAUNA, OR FLOR	A INCIDENT - SUPPLEME	NTAL REPORT FORM	REPORT NUMBER
**		*	
"X" ONE		"X" ONE	NUMBER OR ACRES AFFECTED
Amphibian Fish Sird Mammal In	vertebrate Reptile Plant	Domestic Wild	
SPECIES COMMON NAME		BREED (If known)	
dog		Great Py	renecs
DESCRIBE SIGNS, SYMPTOMS, ADVERSE EFFECTS		·	
dog was four	nd dead new	an pulled 1	myy device
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IF LABORATORY TESTS WERE PERFORMED, LIST NAME OF	TEST(S) AND RESULTS (if available	a, attach copies):	
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			We will be a second of the sec
MAGNITUDE OF THE EFFECT (e.g., miles of streams, square an	rea of terrestrial habitat)		
NA			*
	MAR / Lands also be af a Color and a Color and be a Mar	- 16 13 14 - 1	
PESTICIDE APPLICATION RATE AND METHOD OF APPLICATION		g ii applicable)	
W/i 26 use 1	restrictions	8	
WAS PREBAITING USED ON THE SITE (Describe)			
Yes No			
DESCRIPTION OF THE HABITAT AND CIRCUMSTANCES UND	ER WHICH THE INCIDENT OCCUR	RED	
nections			
pasture			
		·····	
ADDITIONAL FACTORS			0 0 0
4/14			0 0 0 0 0 C 0 0 0 0
N/A			0 0000
			0 0 0
			0000
NAME OF PREPARER	CICHATURE		0000 0000
ricino VI I the Cithis	SIGNATURE		DATE
Chad Fox	That for	· · · · · · · · · · · · · · · · · · ·	2/10/15
NAME OF SUPERVISOR	SIGNATURE	10. EE	DATE
Sect C. Parces	Sear R		2/24/15
WS FORM 160B-R (June 99) (Local Repro	duction Authorized)		10
			10

Personal privacy information

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE WILDLIFE SERVICES

-005

	6(a)(2) ADV	ERSE EFFECTS INCI	DENT INFORI	WATION-REPORT	
INCIDENT CODE		INCIDENT STATUS		DATE WS BECAME AW	
DA	New Date	Update Da	ate of last submission	a/12/15	REPORT NUMBER
EMPLOYEE NAME (To conta	ct for additional information)	TELEPHONE NUMBER	CONTACT NAME	(If Non-APHIS)	TELEPHONE NUMBER
John I. Cal	entine	830/379-8099		AR HIBATYRITY OF THE STATE OF T	
DUTY STATION ADDRESS			ADDRESS	*	
			am agen vegenage		
		gapangalahin kan ayan mahin kan ayang ngapa yayan kalabanan aya sakabanala a ka		errere errer de verge approche bak dillidis saksilanssassassasses errere	gypping of the state of the sta
CITY	INCIDENT LOCATION STATE	COUNTY	SOURCE OF INFO		
/1			Self	Telephone Call	Letter
Shiner	/ X	Laraca	Media	Oral Report	Other
INCIDENT SITE (examples agricultural (specify crop), ra (specify), recreational area (specify)	include commercial or res ingeland/pasture, noncrop a acify), right-of-way (rail, utility,	rea, fallow field, public lands highway)]	SITUATION RELA application, mixing, equipment, during t	ATING TO PRODUCT ADVI loading, reentry, during trans manufacturing/formulation)	ERSE INCIDENT: [examples include sport, repair/maintenance of application
pasture/range	1494 (991 1001			device place dating cays	
EPA REGISTRATION NUMBE	R PRODUCT NAME		ACI	TIVE INGREDIENT	entrangen i tri Auft Stafferfeld (1949-198) y 1 + 2 + 1 4 4 5 tomas antiques a tri a mora antiques and a same a 1891 d. Service
56228-15	Sodium	r eyaride.	5	odium eyanı	de
WAS THE PRODUCT	WHAT WAS THE	DILUTION RATIO (If applicable		RE THE LABEL ECTIONS FOLLOWED	WAS THE APPLICATOR
Concentrated Dilut	ed		I L	Yes No	CERTIFIED (If applicable)
IS THERE EVIDENCE OF INTE	ENTIONAL MISUSE (If "Yes",	explain)			And the first state of the same of the sam
Yes No	C (Attach a upplemental form if	nooded)			
Summary of the incident Mr Calentine Cattle/colve: Det dog en te	placed m-	445 in pasi	ture for	protection mestic, fr	not reconging
petdog ente	sed proper	anide. A	nimal p	robably Kil	mal was Hed on 2/11/15,
NAME OF PREPARER	Par John Ca			EPHONE NUMBER	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
NAME OF SUPERVISOR WS FORM 160-R (June 99	Sig	Me Ewen	į	79/845-62 EPHONE NUMBER 7/845-620	(, ,
Wa YUKM 160-R (June 99) (L	ocal Reproduction Authorize	ed)		. 11

	2 - II all the state of the sta	DST USE ONLY
DOMESTIC ANIMAL, FAUNA, OR FLORA INCIDENT - SUPPLEM	ENTAL REPORT FORM	REPORT NUMBER
X CHE	-X-ONE	NUMBER OR ACRES AFFECTED
Marchael Boundards Repth Plant	Downwelle Wild	N/A breation of deven
domestic dog	Catahoula	
ESCREDE SIGNIS, SYMPTOMIS, ACVIENCE EFFECTS J	Latanovia	
dead dog		
d		
LASCRATORY TESTS WERE PERFORMED, LIST MAKE OF TESTED AND RESIDENCE	h which in the la	
- Engrander 15 15 15 MENT LOG CLOSEN MAN CO. 152160 MEN 1520719 & MANDE	ra, dollars dollars).	
None		
Work		
AGINTUDE OF THE EFFECT (e.g., miles of streams, square area of terrestrial habitaty		Service Control Contro
arrange and the property of the control of		
limited to the dead dog.		
DETIGIDES APPLICATION NATE AND NEITHOD OF APPLICATION (include brief description of belief		
10 M-44 devices in a 144 acre parture. De	vices inspected a	nd barted weeks
HAS PRESENTING USED ON THE RITE (Describe)	V	
Yes X No		
	TO S	
ESCRIPTION OF THE HABITAY AND GRIGURISTANCES UNDER WHICH THE INCIDENT OCCUR	RED	
agriculture - parture/rangeland		
0		
OFFICIAL PACTORS	0-101-1-101	c c c c
		0000
		0000
		00000
	\bigcirc 1	00000
ME OF PREPARER		DATE
Gary Mchwen John Colentine (M)	utelel	2/12/15
MIR OF BUSINESSEE	7	DAYE
Mary to Gary Mckwa	en	2/12/15
FORM 1968 (2007)		
		12